



## CRASH

Crash Date **12/16/2022** Day of Week **Friday** MILITARY Time (24 hr clock) **01:38** County of Crash **YORK COUNTY** GPS Lat. **37.261290** GPS Long. **-76.648940**  
 City of **York** City or Town Name **York** Landmarks at Scene **223525099** Official DMV Use  
 Location of Crash (route/street) **INTERSTATE 84 EAST** Railroad Crossing ID no. (if within 150 ft.)  
 At Intersection With or **1.5C** Miles **1** N S E W **W** Location of Crash (route/street) **HUMELINE PARKWAY** Mile Marker Number **240** Number of Vehicles **502**

**EXHIBIT**  
**C**

## DRIVER

Driver's Name (Last, First, Middle) **WIGGINS, ANTONIO, L** Gender **M**  
 Address (Street and Number) **13321 DEWALD CIRCLE**  
 City **NEWPORT NEWS** State **VA** ZIP **23602**  
 Birth Date **08/02/1999** Drivers License Number **A62686205** State **VA** DL **DL** CDL **CDL**  
 Safety Equip. Used **3** Air Bag Ejected **2** Date of Death **1** Injury Type **3** EMS Transport **3**  
 Summons Issued As Result of Crash **3** Offenses Charged to Driver

## VEHICLE

Vehicle Owner's Name (Last, First, Middle) **FUTRELL, TOWANDA, ROGERS** Same as Driver  
 Address (Street and Number) **3211 OMOHUNDRA AVE**  
 City **NORFOLK** State **VA** ZIP **23504**  
 Vehicle Year **2000** Vehicle Make **INTERNATIO** Vehicle Model **3400** Disabled **✓** CMV **✓** Towed **✓**  
 Vehicle Plate Number **UJH2206** State **VA** Approximate Repair Cost **20000**  
 VIN **1HVBEBM1YH274962** Oversize **Over** Cargo Spill **Over**  
 Name of Insurance Company (not agent) **NATIONAL INDEMNITY** Override **Override** Underwrite **Underwrite**  
 Speed Before Crash **40** Speed Limit **70** Maximum Safe Speed **70** Under **8** Over **12** ALL Passengers Age Count **8-17 3 18-21 6**

## PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) **BOUIE, MONTIA** EMS Transport **✓** Date of Death **12/16/2022**  
 Position In/On Vehicle **7** Safety Equip Used **8** Airbag **2** Ejected **3** Injury Type **1** Birthdate **01/09/2003** Gender **✓**  
 Name of Injured (Last, First, Middle) **EVANS, XZAVIER** EMS Transport **✓** Date of Death **12/16/2022**  
 Position In/On Vehicle **7** Safety Equip Used **8** Airbag **2** Ejected **3** Injury Type **1** Birthdate **06/29/1997** Gender **✓**  
 Name of Injured (Last, First, Middle) **RUSSELL, JONTAE, KAALIB** EMS Transport **✓** Date of Death **12/16/2022**  
 Position In/On Vehicle **7** Safety Equip Used **8** Airbag **2** Ejected **3** Injury Type **1** Birthdate **05/31/2001** Gender **✓**

## Codes

**8**  
**1 2 3**  
**4 5 6 8**  
**7**  
**8**

## POSITION IN/ON VEHICLE

1. Driver  
 2-6. Passengers  
 7. Cargo Area  
 8. Riding/Hanging On Outside  
 9-98. All Other Passengers

## SAFETY EQUIPMENT USED

1. Lap Belt Only  
 2. Shoulder Belt Only  
 3. Lap and Shoulder Belt  
 4. Child Restraint  
 5. Helmet  
 6. Other  
 7. Booster Seat  
 8. No Restraint Used  
 9. Not Applicable

## AIRBAG

1. Deployed - Front  
 2. Not Deployed  
 3. Unavailable/Not Applicable  
 4. Keyed Off  
 5. Unknown  
 6. Deployed - Side  
 7. Deployed - Other (Knee, Air Belt, etc.)  
 8. Deployed - Combination

## EJECTED FROM VEHICLE

1. Not Ejected  
 2. Partially Ejected  
 3. Totally Ejected

## SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes  
 2. No  
 3. Pending

## INJURY TYPE

1. Dead  
 2. Serious Injury  
 3. Minor/Possible Injury  
 4. No Apparent Injury  
 6. No Injury (driver only)

## DRIVER

Driver's Name (Last, First, Middle) **CRAMER, DANIEL, LEE** Gender **M**  
 Address (Street and Number) **4310 MARTIN ST S. LOT # 35**  
 City **CROPWELL** State **AL** ZIP **35054**  
 Birth Date **03/26/1961** Drivers License Number **8892902** State **AL** DL **DL** CDL **CDL**  
 Safety Equip. Used **3** Air Bag Ejected **2** Date of Death **1** Injury Type **2** EMS Transport **✓**  
 Summons Issued As Result of Crash **3** Offenses Charged to Driver

## VEHICLE

Vehicle Owner's Name (Last, First, Middle) **AV, LEASING, LLC** Same as Driver  
 Address (Street and Number) **525 ANDERSON DR**  
 City **ROMEVILLE** State **IL** ZIP **60446**  
 Vehicle Year **2022** Vehicle Make **FREIGHTLIN** Vehicle Model **CASCADIA** Disabled **✓** CMV **✓** Towed **✓**  
 Vehicle Plate Number **P1120248** State **IL** Approximate Repair Cost **210000**  
 VIN **3AKJHHD RXNSMZ7498** Oversize **Over** Cargo Spill **Over**  
 Name of Insurance Company (not agent) **PEOPLES INSURANCE AGENCY** Override **Override** Underwrite **Underwrite**  
 Speed Before Crash **66** Speed Limit **70** Maximum Safe Speed **40** Under **8** Over **12** ALL Passengers Age Count **8-17 0 18-21 0**

## PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) **BOUIE, MONTIA** EMS Transport **✓** Date of Death **12/16/2022**  
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Investigating Officer  
**A GASPARYAN**

Badge/Code Number  
**8895**

Agency/Department Name and Code  
**VIRGINIA STATE POLICE/0156**

Reviewing Officer  
**Matthew Gillespie**

Report File Date  
**12/31/2022**



Revised Report

## Police Crash Report

## CRASH

Crash Date 12/16/2022	MILITARY Time (24 hr clock) 01:38	County of Crash YORK COUNTY	City of Town of	Local Case Number DIV522144213
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## DRIVER INFORMATION

Veh 1	Veh 2	
		<b>Driver's Action P1</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. No Improper Action
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Exceeded Speed Limit
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Exceeded Safe Speed But Not Speed Limit
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Overtaking On Hill
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Overtaking On Curve
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Overtaking at Intersection
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Improper Passing of School Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Cutting In
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Other Improper Passing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Wrong Side of Road - Not Overtaking
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Did Not Have Right-of-Way
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Following Too Close
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Fail to Signal or Improper Signal
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Improper Turn - Wide Right Turn
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Improper Turn - Cut Corner on Left Turn
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Improper Turn From Wrong Lane
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Other Improper Turn
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Improper Backing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Improper Start From Parked Position
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Disregarded Officer or Flagger
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Disregarded Traffic Signal
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Disregarded Stop or Yield Sign
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. Driver Distraction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24. Fail to Stop at Through High way - No Sign
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25. Drive Through Work Zone
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26. Fail to Set Out Flares or Flags
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27. Fail to Dim Headlights
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28. Driving Without Lights
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29. Improper Parking Location
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30. Avoiding Pedestrian
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31. Avoiding Other Vehicle
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32. Avoiding Animal
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	33. Crowded Off Highway
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34. Hit and Run
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	35. Car Ran Away - No Driver
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	36. Blinded by Headlights
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37. Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	38. Avoiding Object in Roadway
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39. Eluding Police
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40. Fail to Maintain Proper Control
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	41. Improper Passing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42. Improper or Unsafe Lane Change
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43. Over Correction
		<b>Condition of Driver Contributing to the Crash P2</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. No Defects
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Eyesight Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Hearing Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Other Body Defects
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Illness
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Fatigued
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Apparently Asleep
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Unknown
		<b>Driver Vision Obscured P3</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Not Obscured
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Rain, Snow, etc. on Windshield
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Windshield Otherwise Obscured
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Vision Obscured by Load on Vehicle
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Trees, Crops, etc.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Building
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Embankment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Sign or Signboard
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Hillcrest
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Parked Vehicle(s)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Moving Vehicle(s)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Sun or Headlight Glare
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Blind Spot
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Smoke/Dust
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Stopped Vehicle(s)
		<b>Type of Driver Distractions P4</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Looking at Roadside Incident
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Driver Fatigue
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Looking at Scenery
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Passenger(s)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Radio/CD, etc.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Cell Phone
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Eyes Not on Road
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Daydreaming
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Eating/Drinking
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Adjusting Vehicle Controls
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Navigation Device
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Texting
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. No Driver Distraction
		<b>Drinking P5</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Had Not Been Drinking
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Drinking - Obviously Drunk
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Drinking - Ability Impaired
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Drinking - Ability Not Impaired
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Drinking - Not Known Whether Impaired
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Unknown
		<b>Method of Alcohol Determination (by police) P6</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Blood
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Breath
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Refused
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. No Test
		<b>Drug Use P7</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Yes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Unknown

## VEHICLE INFORMATION

Veh 1	Veh 2	
		<b>Vehicle Maneuver V1</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Going Straight Ahead
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Making Right Turn
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Making Left Turn
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Making U-Turn
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Slowing or Stopping
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Merging Into Traffic Lane
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Starting From Parked Position
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Stopped in Traffic Lane
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Ran Off Road - Right
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Ran Off Road - Left
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Parked
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Backing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Passing
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Changing Lanes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Entering Street From Parking Lot
		<b>Skidding Tire/Mark V2</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Before Application of Brakes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. After Application of Brakes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Before and After Application of Brakes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. No Visible Skid Mark/Tire Mark
		<b>Vehicle Body Type V3</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Passenger car
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Truck - Pick-up/Passenger Truck
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Van
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Truck - Single Unit Truck (2-Axles)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Motor Home, Recreational Vehicle
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Bicycle
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Moped
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Motorcycle
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Emergency Vehicle (Regardless of Vehicle Type)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Bus - School Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Bus - City Transit Bus/Private Owned Church Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Bus - Commercial Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Special Vehicle - Farm Machinery
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Special Vehicle - ATV
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Special Vehicle - Low-Speed Vehicle
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Truck - Sport Utility Vehicle (SUV)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Truck - Single Unit Truck (3 Axles or More)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Truck - Truck Tractor (Bobtail-No Trailer)
		<b>Vehicle Damage V4</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unknown
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. No damage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Overturned
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Motor
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Undercarriage
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Totaled
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Fire
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Other
		<b>Vehicle Condition V5</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. No Defects
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Lights Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Brakes Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Steering Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Puncture/Blowout
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Worn or Slick Tires
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Motor Trouble
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Chains In Use
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Other
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Vehicle Altered
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Mirrors Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Power Train Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Suspension Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Windows/Windshield Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Wipers Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Wheels Defective
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Exhaust System
		<b>Special Function Motor Vehicle V6</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. No Special Function
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Taxi
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. School Bus (Public or Private)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Transit Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Intercity Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Charter Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Other Bus
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Military
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Police
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Ambulance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Fire Truck
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Tow Truck
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Maintenance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Unknown
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. TNC
		<b>EMV in service V7</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Yes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. No
		<b>Truck Cover V8</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Yes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. No





## Police Crash Report

Revised Report ☒

## CRASH

Crash  
Date

12/16/2022

MILITARY Time (24 hr clock)

01:38

County of Crash

YORK COUNTY

City of  
Town of

Local Case Number

DIV522144213

## CRASH INFORMATION

Location of First Harmful  
Event in Relation to Roadway C1

- ☒
1. On Roadway
- 
2. Shoulder
- 
3. Median
- 
4. Roadside
- 
5. Gore
- 
6. Separator
- 
7. In Parking Lane or Zone
- 
8. Off Roadway, Location Unknown
- 
9. Outside Right-of-Way

## Weather Condition C2

- ☒
1. No Adverse Condition
- 
- (Clear/Cloudy)
- 
3. Fog
- 
4. Mist
- 
5. Rain
- 
6. Snow
- 
7. Sleet/Hail
- 
8. Smoke/Dust
- 
9. Other
- 
10. Blowing Sand, Soil,
- 
- Dirt, or Snow
- 
11. Severe Crosswinds

## Light Conditions C3

- ☒
1. Dawn
- 
2. Daylight
- 
3. Dusk
- 
4. Darkness - Road Lighted
- 
5. Darkness - Road Not Lighted
- 
6. Darkness - Unknown
- 
- Road Lighting
- 
7. Unknown

Traffic Control  
Device C4

- ☒
1. Yes - Working
- 
2. Yes - Working and Obscured
- 
3. Yes - Not Working
- 
4. Yes - Not Working and Obscured
- 
5. Yes - Missing
- 
6. No Traffic Control Device Present

## Traffic Control Type C5

- ☒
1. No Traffic Control
- 
2. Officer or Flagger
- 
3. Traffic Signal
- 
4. Stop Sign
- 
5. Slow or Warning Sign
- 
6. Traffic Lanes Marked
- 
7. No Passing Lines
- 
8. Yield Sign
- 
9. One Way Road or Street
- 
10. Railroad Crossing With
- 
- Markings and Signs
- 
11. Railroad Crossing With
- 
- Signals
- 
12. Railroad Crossing With
- 
- Gate and Signals
- 
13. Other
- 
14. Pedestrian Crosswalk
- 
15. Reduced Speed - School Zone
- 
16. Reduced Speed - Work Zone
- 
17. Highway Safety Corridor

## Roadway Alignment C6

- ☒
1. Straight - Level
- 
2. Curve - Level
- 
3. Grade - Straight
- 
4. Grade - Curve
- 
5. Hillcrest - Straight
- 
6. Hillcrest - Curve
- 
7. Dip - Straight
- 
8. Dip - Curve
- 
9. Other
- 
10. On/Off Ramp

## Roadway Surface Condition C7

- ☒
1. Dry
- 
2. Wet
- 
3. Snowy
- 
4. Icy
- 
5. Muddy
- 
6. Oil/Other Fluids
- 
7. Other
- 
8. Natural Debris
- 
9. Water (Standing, Moving)
- 
10. Slush
- 
11. Sand, Dirt, Gravel

## Roadway Surface Type C8

- ☒
1. Concrete
- 
2. Blacktop, Asphalt,
- 
- Bituminous
- 
3. Brick or Block
- 
4. Slag, Gravel, Stone
- 
5. Dirt
- 
6. Other

## Roadway Description C9

- ☒
1. Two-Way, Not Divided
- 
2. Two-Way, Divided,
- 
- Unprotected Median
- 
3. Two-Way, Divided, Positive
- 
- Median Barrier
- 
4. One-Way, Not Divided
- 
5. Unknown

## Roadway Defects C10

- ☒
1. No Defects
- 
2. Holes, Ruts, Bumps
- 
3. Soft or Low Shoulder
- 
4. Under Repair
- 
5. Loose Material
- 
6. Restricted Width
- 
7. Slick Pavement
- 
8. Roadway Obstructed
- 
9. Other
- 
10. Edge Pavement Drop Off

## Relation to Roadway C11

## Interchange Area:

1. Main-Line Roadway
- 
2. Acceleration/Deceleration Lanes
- 
3. Gore Area (Between Ramp and
- 
- Highway Edgelines)
- 
4. Collector/Distributor Road
- 
5. On Entrance/Exit Ramp
- 
6. Intersection at end of Ramp
- 
7. Other location not listed above
- 
- within an interchange area
- 
- (median, shoulder and roadside)

## Intersection Area:

- ☒
8. Non-Intersection
- 
9. Within Intersection
- 
10. Intersection-Related - Within 150'
- 
11. Intersection-Related - Outside 150'

## Other Location:

12. Crossover Related
- 
13. Driveway, Alley-Access - Related
- 
14. Railway Grade Crossing
- 
15. Other Crossing (Crossings for
- 
- Bikes, School, etc.)

## Intersection Type C12

- ☒
1. Not at Intersection
- 
2. Two Approaches
- 
3. Three Approaches
- 
4. Four Approaches
- 
5. Five-Point, or more
- 
6. Roundabout

## Work Zone C13

- ☒
1. Yes
- 
2. No

Work Zone  
Workers Present C14

1. With Law Enforcement
- 
2. With No Law Enforcement
- 
3. No Workers Present

## Work Zone Location C15

1. Advance Warning Area
- 
2. Transition Area
- 
3. Activity Area
- 
4. Termination Area

## Work Zone Type C16

1. Lane Closure
- 
2. Lane Shift/Crossover
- 
3. Work on Shoulder or Median
- 
4. Intermittent or Moving Work
- 
5. Other

## School Zone C17

- ☒
1. Yes
- 
2. Yes - With School Activity
- 
3. No

## Type of Collision C18

- ☒
1. Rear End
- 
2. Angle
- 
3. Head On
- 
4. Sideswipe - Same Direction
- 
5. Sideswipe - Opposite Direction
- 
6. Fixed Object in Road
- 
7. Train
- 
8. Non-Collision
- 
9. Fixed Object - Off Road
- 
10. Deer
- 
11. Other Animal
- 
12. Pedestrian
- 
13. Bicyclist
- 
14. Motorcyclist
- 
15. Backed Into
- 
16. Other

## Revised Report

## Police Crash Report

Page 4 of 8

## CRASH

Crash Date 12/16/2022 01:38 YORK COUNTY

City of  
Town of

Local Case Number  
DIV522144213

## CRASH DIAGRAM

## VEHICLE # 1

Fill In Impact Area(s).  
Initial Impact.

11 ✓  
10 ✓  
9 ✓  
8 ✓  
7 ✓  
6 ✓  
12 ✓  
2 ✓  
3 ✓  
4 ✓  
5 ✓  
6 ✓  
E

Veh Dir of Travel-N/S/E/W

## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

11  
10  
9  
8  
7  
12  
1  
2  
3  
4  
5  
6

Veh Dir of Travel-N/S/E/W

## VEHICLE # 2

Fill In Impact Area(s).  
Initial Impact.

11 ✓  
10 ✓  
9 ✓  
8 ✓  
7 ✓  
12 ✓  
2 ✓  
3 ✓  
4 ✓  
5 ✓  
6 ✓  
E

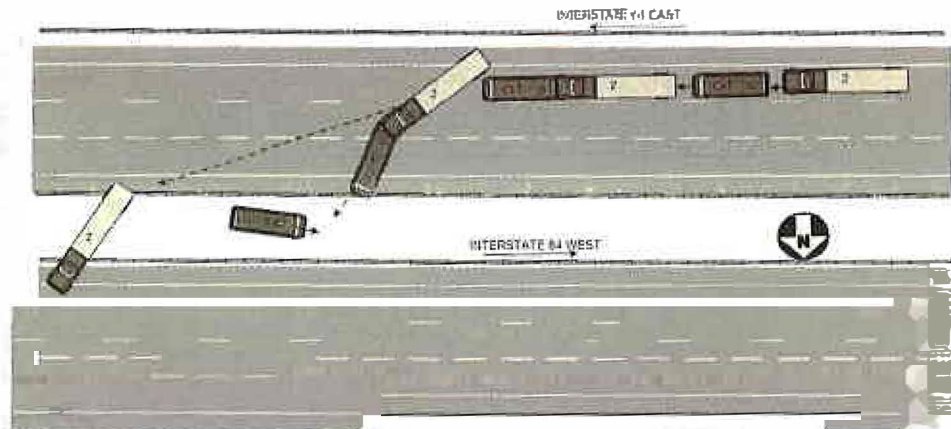
Veh Dir of Travel-N/S/E/W

## VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

11  
10  
9  
8  
7  
12  
1  
2  
3  
4  
5

th  
w  
Veh Dir of Travel-N/S/E/W



## DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost: 10000 Object Struck (Tree, Fence, etc.): GUARD RAIL Property Owners Name (Last, First, Middle): VIRGINIA DEPARTMENT OF TRANSPORTATION Address (Street and Number): 1401 E. BROAD ST. RICHMOND, VA 232 VDOT Property: ✓

## CRASH DESCRIPTION

VEHICLE # 2 STRUCK VEHICLE # 1 IN THE REAR. VEHICLE # 1 ROTATED 60 DEGREES LOCKED WITH VEHICLE #2. BOTH VEHICLES RAN OFF THE ROADWAY ON THE LEFT SIDE OF ROAD. VEHICLE # 1, STRUCK THE GUARD RAIL BEFORE ENTERING THE CENTER MEDIAN. UPON ENTERING THE CENTER MEDIAN, VEHICLE #1'S REAR CARGO SHELL DETACHED FROM THE VEHICLE EJECTING ALL PASSENGERS. VEHICLE # 2 CONTINUED MOVING FORWARD CROSSING THROUGH THE CENTER MEDIAN AND THEN STRUCK THE GUARD RAIL ON THE WEST BOUND SIDE. THERE WERE APPROXIMATELY 200 FEET OF GUARD RAIL AND 30 POSTS DAMAGED.

P1 IS OTHER DUE TO THE FACT THAT VEHICLE # 1 WAS HINDERING THE FLOW OF TRAFFIC DUE TO ITS SPEED OF TRAVEL

VEHICLE #1 - DRIVERS LICENSE WAS SUSPENDED.

P5, P6, & P7 - PENDING TOXICOLOGY RESULTS.

P2 - PENDING FURTHER INVESTIGATION.

## CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20	28	5		20	2	20	28	5	5	20
Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage.  
20

## COLLISION WITH FIXED OBJECT

1. Bank Or Ledge
2. Trees
3. Utility Pole
4. Fence Or Post
5. Guard Rail
6. Parked Vehicle
7. Tunnel, Bridge, Underpass, Culvert, etc
8. Sign, Traffic Signal
9. Impact Cushioning Device
10. Other
11. Jersey Wall
12. Building/Structure
13. Curb
14. Ditch
15. Other Fixed Object
16. Other Traffic Barrier
17. Traffic Sign Support
18. Mailbox

## COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

19. Pedestrian
20. Motor Vehicle In Transport
21. Train
22. Bicycle
23. Animal
24. Work Zone
25. Other Movable Object
26. Unknown Movable Object
27. Other

## NON-COLLISION

28. Ran Off Road
29. Jack Knife
30. Overturn (Rollover)
31. Downhill Runaway
32. Cargo Loss or Shift
33. Explosion or Fire
34. Separation of Units
35. Cross Median
36. Cross Centerline
37. Equipment Failure (Tire, etc)
38. Immersion
39. Fall/Jumped From Vehicle
40. Thrown or Falling Object
41. Non-Collision Unknown
42. Other Non-Collision

Revised Report ☒**CRASH**Crash Date  
**12/16/2022**MILITARY Time (24 hr clock)  
**01:38**County of Crash  
**YORK COUNTY**City of  
Town ofLocal Case Number  
**DIV522144213****COMMERCIAL MOTOR VEHICLE SECTION**

This form is being completed because the vehicle is:

☒ A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)☒ Any Motor Vehicle That Seats 9 or More People, Including the Driver

A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

**AND The crash resulted in:**

A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash

**OR**

An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene

**OR**

A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

**VEHICLE # 1****Vehicle Configuration**

V10

1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard)
2. Light Truck (Only if Vehicle Has Hazardous Materials Placard)
3. Bus (Seats 9-15 People, Including Driver)
- ☒ 4. Bus (Seats for 16 People or More, Including Driver)
5. Single Unit Truck (2 Axles, 6 Tires)
6. Single Unit Truck (3 or More Axles)
7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)]
8. Truck Tractor (Bobtail)
9. Tractor/Semi-trailer (One Trailer)
10. Tractor/Doubles (Two Trailers)
11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)

**Cargo Body Type**

V11

1. Bus (Seats 9-15 People, Including Driver)
- ☒ 2. Bus (Seats For 16 People or More, Including Driver)
3. Van/Enclosed Box
4. Cargo Tank
5. Flatbed
6. Dump
7. Concrete Mixer
8. Auto Transporter
9. Garbage/Refuse

10. Grain/Chips/Gravel
11. Pole-Trailer
12. Vehicle Towing Another Motor Vehicle
13. Intermodal Container Chassis
14. Logging
15. Other Cargo Body (Not Listed Above)
16. Not Applicable/No Cargo Body

**License Class**

- Class A  
Class B  
Class C  
☒ Class DRL (regular drivers license)  
Class M

**Commercial Endorsement**

- T-Double Trailer  
P-Passenger Vehicle  
N-Tank Vehicle  
H-Required To Be Placarded for Hazardous Materials  
X-Combined Tank/HAZMAT  
O-Other

**GVWR/ GCWR**

1. 10,000 lbs. or Less  
☒ 2. 10,001-26,000 lbs.  
3. Greater Than 26,000 lbs.

**Hazardous Material**Hazardous Material Placard: ☒

HM 4-Digit

HM Placard Name

HM Class

HM Cargo Present ☒HM Cargo Released ☒**Carrier Identification**

Commercial Motor Carrier Name

**FUTRELL, TOWANDA ROGERS**

Address (P.O. Box if No Street Address)

**3211 OMOHUNDRA AVE**

Carrier's ID Number

US DOT#

State (Intrastate Only)

**V A**

City

**NORFOLK**

State

**VA**

Zip

**23504****Commercial/Non-Commercial V13**

1. Interstate Carrier  
☒ 2. Intrastate Carrier  
3. Not in Commerce-Government (Trucks and Buses)  
4. Not in Commerce-Other Truck (Over 10,000 lbs.)

**VEHICLE # 2****Vehicle Configuration**

V10

1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard)
2. Light Truck (Only if Vehicle Has Hazardous Materials Placard)
3. Bus (Seats 9-15 People, Including Driver)
4. Bus (Seats for 16 People or More, Including Driver)
5. Single Unit Truck (2 Axles, 6 Tires)
6. Single Unit Truck (3 or More Axles)
7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)]
8. Truck Tractor (Bobtail)
- ☒ 9. Tractor/Semi-trailer (One Trailer)
10. Tractor/Doubles (Two Trailers)
11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)

**Cargo Body Type**

V11

1. Bus (Seats 9-15 People, Including Driver)
2. Bus (Seats For 16 People or More, Including Driver)
- ☒ 3. Van/Enclosed Box
4. Cargo Tank
5. Flatbed
6. Dump
7. Concrete Mixer
8. Auto Transporter
9. Garbage/Refuse

10. Grain/Chips/Gravel
11. Pole-Trailer
12. Vehicle Towing Another Motor Vehicle
13. Intermodal Container Chassis
14. Logging
15. Other Cargo Body (Not Listed Above)
16. Not Applicable/No Cargo Body

**License Class**

- ☒ Class A  
Class B  
Class C  
Class DRL (regular drivers license)  
Class M

**Commercial Endorsement**

- T-Double Trailer  
P-Passenger Vehicle  
N-Tank Vehicle  
H-Required To Be Placarded for Hazardous Materials  
☒ X-Combined Tank/HAZMAT  
O-Other

**GVWR/ GCWR**

1. 10,000 lbs. or Less  
☒ 2. 10,001-26,000 lbs.  
3. Greater Than 26,000 lbs.

**Hazardous Material**Hazardous Material Placard: ☒

HM 4-Digit

HM Placard Name

HM Class

HM Cargo Present ☒HM Cargo Released ☒**Carrier Identification**

Commercial Motor Carrier Name

**TRITON LOGISTICS INC**

Carrier's ID Number

US DOT# **2 2 5 5 8 4 2 0**

State (Intrastate Only)

Address (P.O. Box if No Street Address)

**525 ANDERSON DR**

City

**ROMEOVILLE**

State

**IL**

Zip

**60446****Commercial/Non-Commercial V13**

- ☒ 1. Interstate Carrier  
2. Intrastate Carrier  
3. Not in Commerce-Government (Trucks and Buses)  
4. Not in Commerce-Other Truck (Over 10,000 lbs.)



## CRASH

Crash Date: 12/16/2022  
 MILITARY Time (24 hr clock): 01:38  
 County of Crash: YORK COUNTY

City of  
 Town of

Local Case Number

DIV522144213

## PEDESTRIAN #

Name of Injured (Last, First, Middle)

Address (Street and Number)

City

State

ZIP

Driver's License #

State

Gender

EMS Transport

Injury Type

Birthdate

Date of Death

Ped # Ped #

Ped # Ped #

## PEDESTRIAN #

Name of Injured (Last, First, Middle)

Address (Street and Number)

City

State

ZIP

Driver's License #

State

Gender

EMS Transport

Injury Type

Birthdate

Date of Death

Ped # Ped #

Ped # Ped #

## Pedestrian Actions

1. Crossing At Intersection With Signal
2. Crossing At Intersection Against Signal
3. Crossing At Intersection No Signal
4. Crossing At Intersection Diagonally
5. Crossing Not At Intersection - Rural
6. Crossing Not At Intersection - Urban
7. Coming From Behind Parked Cars
8. Getting Off Or On School Bus
9. Playing In Roadway
10. Getting Off Or On Another Vehicle

11. Hitching On Vehicle
12. Walking In Roadway With Traffic - Sidewalks Available
13. Walking In Roadway With Traffic - Sidewalks Not Available
14. Walking In Roadway Against Traffic - Sidewalks Available
15. Walking In Roadway Against Traffic - Side Walks Not Available
16. Working In Roadway
17. Standing In Roadway
18. Lying In Roadway
19. Not In Roadway
20. Other

P10

## Pedestrian Drinking P11

1. Had Not Been Drinking
2. Drinking-Obviously Drunk
3. Drinking-Ability Impaired
4. Drinking-Ability Not Impaired
5. Drinking-Not Known Whether Impaired

## Condition of Pedestrian Contributing to the Crash

P12

1. No Defects
2. Eyesight Defective
3. Hearing Defective
4. Other Body Defects
5. Illness
6. Fatigued
7. Apparently Asleep
8. Other

## Method of Alcohol Determination by Police

P13

1. Blood
2. Breath
3. Refused
4. No Test

## Pedestrian Drug Use P14

1. Yes
2. No
3. Unknown

## Pedestrian Wear Reflective Clothing

P15

1. Yes
2. No

Use sections below for additional passengers.

VEHICLE # 1

## PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

FUTRELL, TOWANDA

EMS Transport

Date of Death

Position In/On Vehicle 7  
 Safety Equip Used 8  
 Airbag 2  
 Ejected 3  
 Injury Type 3  
 Birthdate 07/14/1981  
 Gender

Name of Injured (Last, First, Middle)

MORGAN, TREVONTE

EMS Transport

Date of Death

Position In/On Vehicle 7  
 Safety Equip Used 8  
 Airbag 2  
 Ejected 3  
 Injury Type 3  
 Birthdate 05/22/1996  
 Gender

Name of Injured (Last, First, Middle)

HARDEE, ANTONIO, LEE

EMS Transport

Date of Death

Position In/On Vehicle 7  
 Safety Equip Used 8  
 Airbag 2  
 Ejected 3  
 Injury Type 3  
 Birthdate 07/06/1992  
 Gender

VEHICLE # 1

## PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

PULLEY, JAHNEYA

EMS Transport

Date of Death

Position In/On Vehicle 7  
 Safety Equip Used 8  
 Airbag 2  
 Ejected 3  
 Injury Type 3  
 Birthdate 09/21/2006  
 Gender

Name of Injured (Last, First, Middle)

COPELAND, SYMONE

EMS Transport

Date of Death

Position In/On Vehicle 7  
 Safety Equip Used 8  
 Airbag 2  
 Ejected 3  
 Injury Type 3  
 Birthdate 04/08/1993  
 Gender

Name of Injured (Last, First, Middle)

ROGERS, TYQUIRA

EMS Transport

Date of Death

Position In/On Vehicle 7  
 Safety Equip Used 8  
 Airbag 2  
 Ejected 3  
 Injury Type 3  
 Birthdate 05/06/1998  
 Gender

## Codes

## POSITION IN/ON VEHICLE

1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

## SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

## AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

## EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

## SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

## INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury

# Police Crash Report



Revised Report ☒

## CRASH

Crash Date: 12/16/2022 01:38 MILITARY Time (24 hr clock) County of Crash: YORK COUNTY City of Town of: Local Case Number: DIV522144213

## PEDESTRIAN #

Name of Injured (Last, First, Middle)

Address (Street and Number)

City State ZIP

Driver's License # State

Gender EMS Transport Injury Type Birthdate Date of Death

Ped # Ped #

## PEDESTRIAN #

Name of Injured (Last, First, Middle)

Address (Street and Number)

City State ZIP

Driver's License # State

Gender EMS Transport Injury Type Birthdate Date of Death

Ped # Ped #

Ped # Ped #

## Pedestrian Actions

- Crossing At Intersection With Signal
- Crossing At Intersection Against Signal
- Crossing At Intersection No Signal
- Crossing At Intersection Diagonally
- Crossing Not At Intersection - Rural
- Crossing Not At Intersection - Urban
- Coming From Behind Parked Cars
- Getting Off Or On School Bus
- Playing In Roadway
- Getting Off Or On Another Vehicle

- Hitching On Vehicle
- Walking In Roadway With Traffic - Sidewalks Available
- Walking In Roadway With Traffic - Sidewalks Not Available
- Walking In Roadway Against Traffic - Sidewalks Available
- Walking In Roadway Against Traffic - Side Walks Not Available
- Working In Roadway
- Standing In Roadway
- Lying In Roadway
- Not In Roadway
- Other

P10

## Pedestrian Drinking P11

- Had Not Been Drinking
- Drinking-Obviously Drunk
- Drinking -Ability Impaired
- Drinking -Ability Not Impaired
- Drinking -Not Known Whether Impaired

## Condition of Pedestrian Contributing to the Crash P12

- No Defects
- Eyesight Defective
- Hearing Defective
- Other Body Defects
- Illness
- Fatigued
- Apparently Asleep
- Other

## Method of Alcohol Determination by Police

- Blood
- Breath
- Refused
- No Test

P13

## Pedestrian Drug Use P14

- Yes
- No
- Unknown

## Pedestrian Wear Reflective Clothing P15

- Yes
- No

Use sections below for additional passengers.

## VEHICLE # 1

### PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle): RODGERS, JERMAINE  
 Position In/On Vehicle: 7 Safety Equip Used: 8 Airbag: 2 Ejected: 3 Injury Type: 3  
 EMS Transport: ☒ Date of Death: 06/28/1983 Gender: ☒

Name of Injured (Last, First, Middle): SHAW, MALIK, LILRONNE  
 Position In/On Vehicle: 7 Safety Equip Used: 8 Airbag: 2 Ejected: 3 Injury Type: 3  
 EMS Transport: ☒ Date of Death: 07/20/2002 Gender: ☒

Name of Injured (Last, First, Middle): FUTRELL, TANIJA  
 Position In/On Vehicle: 7 Safety Equip Used: 8 Airbag: 2 Ejected: 3 Injury Type: 3  
 EMS Transport: ☒ Date of Death: 06/23/2002 Gender: ☒

## VEHICLE # 1

### PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle): ROGERS, TYEISHA, CHANTE  
 Position In/On Vehicle: 7 Safety Equip Used: 8 Airbag: 2 Ejected: 3 Injury Type: 3  
 EMS Transport: ☒ Date of Death: 02/08/2000 Gender: ☒

Name of Injured (Last, First, Middle): SPRUILL, TANAJSYIA  
 Position In/On Vehicle: 7 Safety Equip Used: 8 Airbag: 2 Ejected: 3 Injury Type: 3  
 EMS Transport: ☒ Date of Death: 05/16/1998 Gender: ☒

Name of Injured (Last, First, Middle): JACKSON, QWAZANEIC  
 Position In/On Vehicle: 7 Safety Equip Used: 8 Airbag: 2 Ejected: 3 Injury Type: 3  
 EMS Transport: ☒ Date of Death: 11/11/2002 Gender: ☒

## Codes



### POSITION IN/ON VEHICLE

- Driver
- Passengers
- Cargo Area
- Riding/Hanging On Outside
- All Other Passengers

### SAFETY EQUIPMENT USED

- Lap Belt Only
- Shoulder Belt Only
- Lap and Shoulder Belt
- Child Restraint
- Helmet
- Other
- Booster Seat
- No Restraint Used
- Not Applicable

### AIRBAG

- Deployed - Front
- Not Deployed
- Unavailable/Not Applicable
- Keyed Off
- Unknown
- Deployed - Side
- Deployed - Other (Knee, Air Belt, etc.)
- Deployed - Combination

### EJECTED FROM VEHICLE

- Not Ejected
- Partially Ejected
- Totally Ejected

### SUMMONS ISSUED AS A RESULT OF CRASH

- Yes
- No
- Pending

### INJURY TYPE

- Dead
- Serious Injury
- Minor/Possible Injury
- No Apparent Injury

# Police Crash Report



Revised Report ☒

## CRASH

Crash Date: 12/16/2022  
 MILITARY Time (24 hr clock): 01:38  
 County of Crash: YORK COUNTY

City of Town of: \_\_\_\_\_  
 Local Case Number: DIV522144213

## PEDESTRIAN #

Name of Injured (Last, First, Middle)

Address (Street and Number)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Gender: \_\_\_\_\_ EMS Transport: \_\_\_\_\_ Injury Type: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Ped # Ped #

Ped # Ped #

## Pedestrian Actions

1. Crossing At Intersection With Signal
2. Crossing At Intersection Against Signal
3. Crossing At Intersection No Signal
4. Crossing At Intersection Diagonally
5. Crossing Not At Intersection - Rural
6. Crossing Not At Intersection - Urban
7. Coming From Behind Parked Cars
8. Getting Off Or On School Bus
9. Playing In Roadway
10. Getting Off Or On Another Vehicle
11. Hitching On Vehicle
12. Walking In Roadway With Traffic - Sidewalks Available
13. Walking In Roadway With Traffic - Sidewalks Not Available
14. Walking In Roadway Against Traffic - Sidewalks Available
15. Walking In Roadway Against Traffic - Side Walks Not Available
16. Working In Roadway
17. Standing In Roadway
18. Lying In Roadway
19. Not In Roadway
20. Other

P10

## Pedestrian Drinking P11

1. Had Not Been Drinking
2. Drinking - Obvious y Drunk
3. Drinking - Ability Impaired
4. Drinking - Ability Not Impaired
5. Drinking - Not Known Whether Impaired

## Condition of Pedestrian Contributing to the Crash P12

1. No Defects
2. Eyesight Defective
3. Hearing Defective
4. Other Body Defects
5. Illness
6. Fatigued
7. Apparently Asleep
8. Other

## Method of Alcohol Determination by Police P13

1. Blood
2. Breath
3. Refused
4. No Test

## Pedestrian Drug Use P14

1. Yes
2. No
3. Unknown

## Pedestrian Wear Reflective Clothing P15

1. Yes
2. No

Use sections below for additional passengers.

## VEHICLE # 1

### PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

HARRIS, CAMRYN

Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
7	8	2	3	3	11/22/2005	✓

Name of Injured (Last, First, Middle)

ALSTON, PERCY, LORENZO

Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
7	8	2	3	3	02/22/2003	✓

Name of Injured (Last, First, Middle)

ALSTON, NYZIR, ROSHAWN

Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
7	8	2	3	3	07/15/2005	✓

## VEHICLE # 1

### PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle)

MORGAN, DARRELL, LEANDER

Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
7	8	2	3	3	11/19/1998	✓

Name of Injured (Last, First, Middle)

COPELAND, LADANNA, TAWADAN

Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
7	8	2	3	3	05/06/1974	✓

Name of Injured (Last, First, Middle)

GIST, CEEASHA, MYA

Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
7	8	2	3	3	07/15/1998	✓

## Codes



### POSITION IN/ON VEHICLE

1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

### SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

### AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

### EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

### SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

### INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury





# VIRGINIA STATE POLICE

## Crash Report Information

Crash Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Crash Time: \_\_\_\_\_

Crash Location: \_\_\_\_\_

City / County / Town where crash occurred: \_\_\_\_\_

☐ JAMES CITY ☐ WILLIAMSBURG

☐ YORK COUNTY

Trooper's Name: **A. GASPARYAN**

Code #: **8895**

Case No. : \_\_\_\_\_

Photos Taken: YES / NO

1. Your crash is reportable to the DEPARTMENT OF MOTOR VEHICLES; a reportable crash is defined as any crash involving personal injury, death, or property damage in excess of \$1,500, occurring on a public highway. Reports are available to driver(s), injured person(s), property owner(s), attorney(s), insurance companies, or vehicle owner, in accordance with §46.2-380 of the Code of Virginia.
2. Requests can be made at any customer service center or by mail or FAX to the address below. To request an accident report, submit either a written request or a completed DMV Information Request Form (CRD93), along with your payment to DMV. CRD93 available at <http://www.dmv.virginia.gov/webdoc/pdf/crd93.pdf>.

The request must include:

- Crash Involvement (e.g., driver, injured person, vehicle owner, etc.)
- Crash date, Crash time, Crash location (street, city/town/county)
- Driver's name (must be provided if requestor was involved in crash)
- Driver's License Number (must be provided if requester was involved in crash)

Customer Records Work Center – Room 514  
Department of Motor Vehicles  
Post Office Box 27412  
Richmond, VA 23269

FAX: (804) 367-0390

Please contact DMV or visit the DMV webpage below for cost and payment information. DMV will return the request documents to you via U.S. Postal Service first class mail.

Visit [www.DMVNOW.com](http://www.DMVNOW.com) or <http://www.dmv.virginia.gov/general/#records/accident.asp> for additional information.

**It is recommended that you retain this document, for your benefit as well as that of your insurance company/claims adjuster, attorney or vehicle owner.**



### Virginia State Police

Office: 757-253-4923

Dispatch: 757-424-6800

Work Cell: 757-951-7482

Trooper

A.GASPARYAN

Code Number **8895**

[albert.gasparyan@vsp.virginia.gov](mailto:albert.gasparyan@vsp.virginia.gov)

Area 37 Office



RT 1991 KW / VEHICLE #

## DRIVER

Driver Fled Scene ☐

Driver's Name (Last, First, Middle)

CRAMER DANIEL LEE

Gender

☒ M ☐ F

Address (Street and Number)

4310 MARTIN ST S. LOT 35

City

CROPWELL

State

AL

ZIP

35054

Birth

MM

DD

YYYY

Driver's License #

Date

03 26 1961

8892902

State

AL

DL

☒ Y ☐ N

CDL

☒ Y ☐ N

Safety Equip. Used

3

Air Bag

Ejected

Date of Death

MM

DD

YYYY

Injury Type

3

EMS Transport

☒ Y ☐ N

Summons

Issued As

Result of Crash

Offenses Charged to Driver

## VEHICLE

Vehicle Owner's Name (Last, First, Middle)

AV LEASING LLC

Same as Driver ☐

Address (Street and Number)

525 ANDERSON DR

City

ROMEOVILLE

State

IL

ZIP

60446

Vehicle Year

2022

Vehicle Make

FREIGHT

Vehicle Model

CASCADIA

Disabled

☒

CMV

☒

Towed

☒

Vehicle Plate Number

P1120248

State

IL

Approximate Repair Cost

VIN

3AKJH HDR XN SMZ 7498

Oversize

Cargo Spill

Override

Underride

Name of Insurance Company (not agent)

PEOPLES INSURANCE AGENCY

Speed Before Crash

Speed Limit

20

Maximum Safe Speed

Under

8

ALL Passengers Age Count

8-17

18-21

Over

21

PASSENGER (only if injured or killed)